

TAMALA HOLLAND  
PARALEGAL SPECIALIST  
DESIGNATED OFFICE  
(305) 308-6463

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/	/	/			51					
2	/	/	/	/			52					
3	/	/	/	/			53					
4	/	/	/	/			54					
5	/	/	/	/			55					
6	/	/	/	/			56					
7	(1)	(1)	(1)	(1)			57					
8	(1)	(1)	(1)	(1)			58					
9	/	/	/	/			59					
10	/	/	/	/			60					
11	/	/	/	/			61					
12	/	/	/	/			62					
13	/	/	/	/			63					
14	/	/	/	/			64					
15	/	/	/	/			65					
16	/	/	/	/			66					
17	/	/	/	/			67					
18	/	/	/	/			68					
19	3	/	/	/			69					
20	(1)	/	/	/			70					
21	(1)	/	/	/			71					
22	(1)	/	/	/			72					
23	(1)	/	/	/			73					
24	(1)	/	/	/			74					
25	(1)	/	/	/			75					
26	/	/	/	/			76					
27	/	/	/	/			77					
28	/	/	/	/			78					
29	3	/	/	/			79					
30	(1)	/	/	/			80					
31	(1)	/	/	/			81					
32	(1)	/	/	/			82					
33	(1)	/	/	/			83					
34	(1)	/	/	/			84					
35	(1)	/	/	/			85					
36	(1)	/	/	/			86					
37	(1)	/	/	/			87					
38	(1)	/	/	/			88					
39	(1)	/	/	/			89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					